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Date: March 28, 2006

To: Examiner Chism, Billy Dell	Fax: (571) 273-8300	<input type="checkbox"/> Use this fax number only
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From: Pamela J. Sherwood	Phone: (650) 833-7790	Return Fax: (650) 327-3231
Original: <input checked="" type="checkbox"/> To follow via Express Mail sent: 03-28-2006		
Fax Contains: 59 pages (including this sheet). If incomplete, please call Susan M. Alessi at (650) 833-7714.		
Message: As we discussed last week, attached please find a courtesy copy of an RCE filed for the above identified application.		

Ref: STAN-299

Return Original to: Susan M. Alessi

Location:

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PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032

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Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known Application Number 10/818,720 Filing Date April 1, 2004 First Named Inventor NUSSE, ROELAND Examiner Name CHISM, BILLY DELL Art Unit 1654 Attorney Docket No. STAN-299																																
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																																		
TOTAL AMOUNT OF PAYMENT (\$) 525																																		
METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0815 Deposit Account Name: Bozicevic, Field and Francis LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																		
FEE CALCULATION																																		
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																		
	FILING FEES <table border="1"> <thead> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> </tr> </tbody> </table>		Application Type	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	Design	200	100	Plant	200	100	Reissue	300	150	Provisional	200	100	SEARCH FEES <table border="1"> <thead> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>250</td> </tr> <tr> <td>100</td> <td>50</td> </tr> <tr> <td>300</td> <td>150</td> </tr> <tr> <td>500</td> <td>250</td> </tr> <tr> <td>0</td> <td>0</td> </tr> </tbody> </table>		Fee (\$)	Small Entity Fee (\$)	500	250	100	50	300	150	500	250	0	0
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2. EXCESS CLAIM FEES																																		
Fee Description		Fee (\$)	Small Entity Fee (\$)																															
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25																															
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100																															
Multiple dependent claims		360	180																															
Total Claims - 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20	Extra Claims - 3 or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3	Fee (\$) _____ _____	Fee Paid (\$) _____ _____																															
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____	_____	_____	_____	_____																					
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: <u>RCE fee & petition fee</u> \$525-																																		

SUBMITTED BY		
Signature <u>Pamela J. Sherwood</u>	Registration No. (Attorney/Agent) 36,677	Telephone (650) 327-3400
Name (Print/Type) Pamela J. Sherwood	Date 03/28/2008	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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